

City of Dawsonville

P.O. Box 6, 415 Highway 53 East Suite 100 Dawsonville, Georgia 30534 Phone: (706)265-3256

Email: <u>clerk@dawsonville-ga.gov</u> Website: <u>www.dawsonville-ga.gov</u> Applicant
Background Check
Consent Form

- To obtain a Criminal History Background Check you must call the Dawson County Sheriff's Department at (706) 344-3535 to schedule an appointment. Appointments are during normal business hours on Wednesday of each week only.
- To be fingerprinted you must go to the Dawson County Detention Center at 19 Tucker Avenue, Dawsonville, (706) 344-3545. No appointment is required, however fingerprinting is <u>not</u> available during the hours of 4:00 7:00 p.m. daily. A fingerprint fee of \$5.00, cash or check (payable to D.C.S.O.), is required.

CRIMINAL HISTORY BACKGROUND CHECK AND FINGERPRINTING REQUEST

I hereby request the Dawson County Sheriff's Office to receive any Criminal History Record information that may pertain to myself (or the person named below), and may be found in any Federal, State, or Local criminal justice agency in Georgia.

Records obtained from the Dawson County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, that action shall not reflect on the liability of this office but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with the permission of the person/applicant. City of Dawsonville shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions. TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED. This request is in accordance to State law as it applies to:

Agency Requesting History: <u>City of Dawsonville</u>	706/265-3256
(PRINT) Full Name:	
Address:	
Home Phone # : ()	SS#
Sex: Race: Date of Birth:	Height: Weight:
Hair: Eye: City & State of Birth:	
Sworn to and subscribed before me	Signature of Applicant
thisday of20	
,	Notary Public, State of Georgia
	My Commission Expires: